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| **Clinical Policy Title:** | short ragweed pollen allergen extract |
| **Policy Number:** | RxA.272 |
| **Drug(s) Applied:** | Ragwitek® |
| **Original Policy Date:** | 02/07/2020 |
| **Last Review Date:** | 08/28/2024 |
| **Line of Business Policy Applies to:** | All lines of business (except Medicare) |

## Criteria

**I. Initial Approval Criteria**

**A. Allergic Rhinitis** (must meet all):

1. Diagnosis of short ragweed pollen-induced allergic rhinitis;
2. Confirmation of a positive skin test or in vitro testing for pollen-specific IgE antibodies for short ragweed pollen;
3. Trial and failure of at least one (1) intranasal corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;
4. Trial and failure of at least one (1) one oral antihistamine, unless contraindicated or clinically significant adverse effects are experienced.

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

**II. Continued Therapy Approval**

**A. Allergic Rhinitis** (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

**Approval Duration**

**All Lines of Business (except Medicare):** 12 months

**References**


1. Wallace DV, Dykewicz MS, Bernstein DI, Blessing-Moore J, Cox L, Khan DA, Lang DM, Nicklas RA, Oppenheimer J, Portnoy JM, Randolph CC, Schuller D, Spector SL, Tilles SA, Joint Task Force on Practice, American Academy of Allergy, Asthma & Immunology, American College of Allergy, Asthma and Immunology, Joint Council of Allergy, Asthma and Immunology. The diagnosis and management of rhinitis: an updated practice parameter. J Allergy Clin Immunol. 2008;122(2 Suppl):S1-84. Available at: https://pubmed.ncbi.nlm.nih.gov/18662584. Accessed August 28, 2024.


| Review/Revision History | Review/Revised Date | P&T Approval Date |
|---|---|---|
| Policy established | 01/2020 | 02/07/2020 |
| Policy was reviewed:<br>1. Clinical Policy Title was updated.<br>2. Drug(s) Applied was updated. | 07/03/2020 | 09/14/2020 |

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| 3. Line of Business Policy Applies to was updated.<br>4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."<br>5. Commercial approval duration and Medicaid approval duration updated.<br>6. References were updated. | | |
| Policy was reviewed:<br>1. Last Review Date was updated.<br>2. References were updated. | 02/24/2021 | 06/10/2021 |
| Policy was reviewed:<br>1. Initial Approval Criteria, I.A.3: Updated age criteria from Age ≥ 18 years and ≤ 65 years; to Age ≥ 5 years and ≤ 65 years;<br>2. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".<br>3. References were reviewed and updated. | 01/24/2022 | 04/18/2022 |
| Policy was reviewed:<br>1. References were reviewed and updated. | 01/02/2023 | 04/13/2023 |
| Policy was reviewed. | 10/19/2023 | 10/19/2023 |
| Policy was reviewed:<br>1. Removed age restrictions.<br>2. Removed prescriber restrictions.<br>3. Removed dose restrictions.<br>4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days.<br>5. Removed reauthorization requirement for positive response to therapy.<br>6. Updated approval duration verbiage.<br>7. References were reviewed and updated. | 8/28/2024 | 9/13/2024 |